



BLOOMINGTON COMMISSION ON THE STATUS OF WOMEN

Community and Family Resources Department

City of Bloomington

P. O. Box 100, Bloomington, IN 47402

www.bloomington.in.gov/cfrd

The Bloomington Commission on the Status of Women is conducting a survey of employers in Bloomington to assess organizational personnel policies and practices supportive of women and families. Please take a few minutes to provide us with information about your organization. *The Commission will be issuing a report summarizing the results of this survey but we will keep information about specific employers confidential.* Thank you very much in advance for your time and consideration.

1. How many employees does your organization have?

- | | | | | |
|---------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|---|
| 1 to 4 <input type="checkbox"/> | 10 to 19 <input type="checkbox"/> | 50 to 99 <input type="checkbox"/> | 250 to 499 <input type="checkbox"/> | 1,000 to 2,499 <input type="checkbox"/> |
| 5 to 9 <input type="checkbox"/> | 20 to 49 <input type="checkbox"/> | 100 to 249 <input type="checkbox"/> | 500 to 999 <input type="checkbox"/> | 2,500 or more <input type="checkbox"/> |

2. Approximately what percentage of your employees are women? _____%

3. Which of the following categories best describes your organization?

- | | | |
|--|--|---|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Governmental Unit | <input type="checkbox"/> Information |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Finance and Insurance | <input type="checkbox"/> Educational Services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Professional, Scientific and Technical Services | <input type="checkbox"/> Health Care and Social Assistance |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Real Estate, Rental, Leasing | <input type="checkbox"/> Accommodation and Food Services |
| <input type="checkbox"/> Transportation, Warehousing | <input type="checkbox"/> Management of Companies and Enterprises | <input type="checkbox"/> Arts, Entertainment and Recreation |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Utilities | <input type="checkbox"/> Other (Please specify) _____ |

4. Does your organization provide any of the services/options/policies below?

- | | | | |
|--|------------------------------|-----------------------------|----------------|
| a. Workplace-sponsored childcare | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| b. Childcare vouchers | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| c. Flexible scheduling | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| d. Job sharing | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| e. All employees afforded continuing education opportunities | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| f. Maternity leave | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Duration _____ |
| g. Paternity leave | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Duration _____ |
| h. Health insurance coverage | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| i. Birth control coverage | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| j. Childbirth coverage | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| k. Infertility treatment coverage | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| l. Pregnancy termination coverage | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

Comments: _____

5. What have you done to ensure that your employee benefits apply equally to male and female employees?

6. Does your organization have any of the following policies?

	<u>Written Policy</u>		<u>Training on Policy</u>	
a. Affirmative Action Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Sexual Harassment Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Policy regarding violence against women	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Policy prohibiting discrimination on the basis of sexual orientation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Promotion plan for women	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
f. Employee development plan for women	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Comments:

7. Anti-Discrimination Policy

How are your policies communicated to employees? If an allegation of any of the above types of discrimination is made, what is your process for handling it? Is there any required time line for this process?

8. Please provide examples of your organization's programs or policies that are intended to address the issue of equivalent pay and promotion opportunities for male and female employees. Do you have policies that address income equity between men and women?

9. Have you reviewed your salaries recently to see if male and female employees doing similar work are receiving equal compensation? Yes ☐ No ☐

10. Of the total number of managerial/professional/leadership positions in your organization, please provide the approximate percentage held by males and the approximate percentage held by females:

Male _____% Female _____%

If you have additional comments, please provide them in the space below. Please attach additional paper if you wish.

Thank you very much for your participation. May we contact you for additional information or clarification?

Organization Name

Contact Person/ Telephone No.
